## City of Mountain View Recreation Division presents...

## CPR & First Aid Training



This fun, interactive class will involve games and roles so you will be able to recall the steps to CPR and how to care for various First Aid injuries. Upon completion of the course, you will be familiar with the primary skills in rescue breathing, CPR, shock, bleeding and foreign body obstruction (choking).

Ages 12 and Up

16443 Sat. October 15th 8:30am-3:30pm R\$79.00 NR\$99.00

Students will receive a 2-year certification for infant, child and adult CPR and first aid upon completing the course.

## For more information or to Register, please call the Recreation Office at (650) 903-6331

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				registration form
parent / legal adult - main contact: First Name Last Name				Customer Service: (650) 903-6331 Fax: (650) 962-1069 E-mail: recreation@mountainview.gov
Address				z-man. recreation@mountainview.gov
Home Phone ()	Vork ()	Cell Phone ()	E-mail	
Emergency Contact:First	Last	Relationship	Phone Hom	e 🗖 Cell ()
payment: Cash (please do not mail cash) Credit Card #				
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List any Allergies, Medication(s), Health Concerns, Participant's Name		L		
<b>photo release:</b> By affixing my initials here:pet or personal property, for promotional use in an		grant the City of Mountain View permis	ssions to use my and/or my child	I's photograph or likeness, or that of a
waiver & release: In consideration of particip Mountain View harmless and hereby waive, release and accrue to me against the City of Mountain View, its City that liability may arise out of negligence or carelessness the risks, nevertheless, I hereby agree to assume those or carelessness) might otherwise be liable to me (or my I for the personal property of the participants in the class on my heirs and assigns. I have read and agree to the re	discharge any and all claims council, employees, agents, an on the part of the person or en risks on behalf of myself, my he reirs or assigns) for damages. or activity. It is further understoon	for loss or damage, for death, personal inj do volunteers for any liability arising out of titties mentioned above. I understand that eirs and assigns and to release and to holo Further, I understand that the City of Mour od and agreed that this waiver, release an	ury, bodily injury or property dama; or connected in any way with my pe accidents and injuries can arise froi I harmless all of the persons or entit tain View, its City Council, employe d assumption of risks has been free	ge which I may have or which hereinafter may irticipation in this class or activity, even though in participation in this class or activity; knowing ies mentioned above who (through negligence es, agents and volunteers, are not responsible by entered into and is to be binding on me and
Signature: X		Date Derent	☐ Legal Guardian ☐ Par	ticipant City Employee #/Dept.:
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